

**2011 Campaign for Social Inclusion Awards for Statewide Peer-Operated Projects**

**SUMMARY SHEET**

Date Submitted: \_\_\_\_\_

<b>PRIMARY APPLICANT</b>	
FULL NAME OF APPLYING ENTITY	ADDRESS
NAME / TITLE OF DESIGNATED CONTACT	ADDRESS
OFFICE PHONE	E-MAIL
FAX NUMBER	MOBILE PHONE
<b>PARTNER (IF APPLICABLE)</b>	
NAME OF PARTNER ORGANIZATION	
NAME / TITLE OF DESIGNATED CONTACT AT PARTNER ORGANIZATION	ADDRESS
OFFICE PHONE	E-MAIL
FAX NUMBER	MOBILE PHONE
SIGNATURE	DATE SIGNED